



U.S. Environmental Protection Agency  
Region 6  
1445 Ross Ave., Suite 1200  
Dallas, TX 75202-2733

## NOTICE OF INSPECTION

**REASON FOR INSPECTION:** This inspection is for the purpose of determining compliance with Section 112(r)(7) accidental release prevention requirements of the Clean Air Act, as amended 1990. The scope of this inspection may include, but is not limited to: reviewing and obtaining copies of documents and records; interviews and taking of statements; reviewing of chemical storage, handling, processing, and use; taking samples and photographs; and any other inspection activities necessary to determine compliance with the Act.

Facility Name: <b>DuPont Performance Elastomers - Hypalon Unit</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Government/Municipal # of Employees: <b>50</b> Population Served: <b>0</b> Contractors/Others:
Mailing Address: <b>P.O. Box 4901, 5470 Twin City Hwy Beaumont, TX 77704</b>	Latitude: <b>30.0127</b> Longitude: <b>-94.027222</b>
Physical Address: <b>Beaumont Industrial Park, Highway 347 Beaumont, TX 77705</b>	Inspection Start Date and Time: <b>July 16, 2013 at 1:50 PM</b>
E-Mail Address: <b>fred.a.parsons-1@usa.dupont.com</b>	Inspection End Date and Time: <b>July 16, 2013 at 3:00 PM</b>
Responsible Official, Title, Phone Number: <b>Mr. Fred A. Parsons, P.E., Technology Guardian, (409) 727-9557</b>	EPA Facility ID#: <b>1000 0015 3898</b>
Facility Representative(s), Title(s), Phone Number(s): <b>Mr. Paul Lancaster, Aniline Plant Manager, (409) 727-9021</b>	Inspector Name(s), Title(s), Phone Number(s): <b>Ted Mizutowicz, RMP Inspector, (214) 665-2234</b>
Inspection Report Reviewer Signature _____ Date _____	Inspector Signature _____ Date _____

### Inspection Findings

IS FACILITY SUBJECT TO RMP REGULATION (40 CFR 68)?		<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
DID FACILITY SUBMIT (AND UPDATE) AN RMP AS PROVIDED IN 68.150 TO 68.185? DATE INITIAL RMP FILED WITH EPA: <b>7/6/1999</b>		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
1) PROCESS/NAICS CODE: <b>Synthetic Rubber Manufacturing/325212</b> REGULATED SUBSTANCE: <b>Sulfur dioxide (anhydrous)</b>	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> MAXIMUM QUANTITY IN PROCESS: <b>0 (lbs)</b>		
2) PROCESS/NAICS CODE: <b>Synthetic Rubber Manufacturing/325212</b> REGULATED SUBSTANCE: <b>Chlorine</b>	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> MAXIMUM QUANTITY IN PROCESS: <b>0 (lbs)</b>		
3) PROCESS/NAICS CODE: <b>Synthetic Rubber Manufacturing/325212</b> REGULATED SUBSTANCE: <b>Chloroform [Methane, trichloro]</b>	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> MAXIMUM QUANTITY IN PROCESS: <b>0 (lbs)</b>		
4) PROCESS/NAICS CODE: <b>Synthetic Rubber Manufacturing</b> REGULATED SUBSTANCE:	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> MAXIMUM QUANTITY IN PROCESS: <b>(lbs)</b>		
5) PROCESS/NAICS CODE: REGULATED SUBSTANCE:	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> MAXIMUM QUANTITY IN PROCESS: <b>(lbs)</b>		

DID THE FACILITY CORRECTLY ASSIGN PROGRAM LEVELS TO PROCESSES? **FACILITY DEREGISTERED ON 05/15/2013**

#### ATTACHED CHECKLIST(S):

☐ PROGRAM LEVEL 1 CHECKLIST

☐ PROGRAM LEVEL 2 CHECKLIST

☐ PROGRAM LEVEL 3 CHECKLIST

OTHER ATTACHMENTS:

COMMENTS: **FACILITY DISCONTINUED THE MANUFACTURING OF ELASTOMER PRODUCTS. THEY REMOVED THE CHLORINE, CHLOROFORM, THE SULFUR DIOXIDE STORAGE TANKS AND THE HYPALON UNIT AND PRODUCTION LINE OF THERMOSET RUBBER POLYMERS FROM THE SITE. INSPECTOR VERIFIED THE REMOVAL AND TOOK PHOTOGRAPHS OF EMPTY CONCRETE SLABS. (PHOTO 41: LOCATION OF DISMANTLED PRODUCTION LINE; PHOTO 42: LOCATION OF REMOVED STORAGE TANKS)**

Did the employees have representation present during the inspection?

☒ Y ☐ N

Employee Participants: \_\_\_\_\_

Does facility meet EPA's "High-Risk" criteria? (large population within WCS, accident history, large quantity of regulated substances)?

☐ Y ☒ N

Is the facility current with its EPCRA Tier 2 reporting?

☐ Y ☐ N ☒ N/A

Has the facility reported all CERCLA releases in a timely manner?

☐ Y ☐ N ☒ N/A

**INSPECTION SYMBOL KEY: Y - YES, N - NO, N/A - NOT APPLICABLE, S - SATISFACTORY, M - MARGINAL, U - UNSATISFACTORY**